



STATE OF IDAHO

BUREAU OF OCCUPATIONAL LICENSES

Owyhee Plaza
1109 Main St., Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
FAX (208) 334-3945
E-Mail ibol@ibol.state.id.us
Website www2.state.id.us/ibol

SERVICE SURVEY

You recently requested information from the Bureau of Occupational Licenses. In order for us to improve our service and increase the quality of information we provide, please take a few moments to answer the following questions. Just check the appropriate boxes and return the survey to:

BOL SURVEY

**1109 Main St., Suite 220
Boise, Idaho 83702-5642**

Was your request made by: ☐ telephone ☐ mail ☐ e-mail ☐ fax ☐ in person

Were you treated in a friendly and courteous manner? ☐ yes ☐ no

Was your request handled in a timely manner? ☐ yes ☐ no

Did you receive the requested or appropriate information? ☐ yes ☐ no

Did you have to deal with more than one person in this office? ☐ yes ☐ no

If "yes" how many? ☐ 1-2 ☐ 3-4 ☐ 4-more

Please rate the persons you dealt with by checking the appropriate box. If possible, list the names of those you dealt with.

Position	Name	poor	fair	good	very good	excellent
Receptionist	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigator	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Investigator	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deputy Bureau chief	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bureau chief	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your additional comments are appreciated: _____

If you would like more information or a response to your comments, please include your name & address. Thank you for helping us to help you.